

## GRSYC Tuition Credit Card Authorization Form

I \_\_\_\_\_, authorize the Grand Rapids Symphony to  
(please print name)  
charge my Credit Card to pay for my child(rens) tuition to the Grand Rapids Symphony Youth Choruses program. This payment applies to the choir year of 2019-20.

Child's Full Name: \_\_\_\_\_ Tuition Amount \$ \_\_\_\_\_  
Child's Full Name: \_\_\_\_\_ Tuition Amount \$ \_\_\_\_\_  
Child's Full Name: \_\_\_\_\_ Tuition Amount \$ \_\_\_\_\_  
Child's Full Name: \_\_\_\_\_ Tuition Amount \$ \_\_\_\_\_  
**Total Amount \$ \_\_\_\_\_**

### Credit Card Required Information:

Credit Card Type: \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ American Express

Credit Card Number: \_\_\_\_\_ (please keep us updated on any changes)

Expiration Date: \_\_\_\_\_ Security Code (see back of card for 3 or 4 digit number) \_\_\_\_\_

Name as it Appears on Card: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

### Billing Options:

\_\_\_\_\_ 1 payment - To be processed on October 15, 2019

\_\_\_\_\_ 2 payments - To be processed October 15, 2019, and February 15, 2020

\_\_\_\_\_ 8 payments - To be processed October 2019 – May 2020

Payment to be processed on the 15<sup>th</sup> of each month

\_\_\_\_\_ Send receipt via email to (your email address): \_\_\_\_\_

**E/Mail completed form to:**

**dlehmann@grsymphony.org**

**Grand Rapids Symphony  
Attn: Deb Lehmann  
300 Ottawa Ave NW Suite 100  
Grand Rapids MI 49503**